

RECEIVED
CENTRAL FAX CENTER

SEP 2 7 2005

September 27, 2005

Examiner Clement B. Graham Art Unit 3628 USPTO Alexandria, VA 22313-1450 fax 571 273 8300 3 pages total

Subject: New Power of Attorney and Revocation of Prior Powers of Attorney re application 09/717189

Dear Examiner Graham,

Attached please find executed new power of attorney forms for application 09/717189, "Process for Comprehensive Financial and Estate Planning", by Wolzenski et al. There is a form for each one of the applicants.

These forms name myself, Mark Nowotarski, as the new agent of record for this case. All future correspondence should be directed to the address indicated on the forms.

Please note that all prior powers of attorney with respect to this case are revoked.

Also please note that the attorney docket number is changed from "GNA 1804.1" to "FSA090905USNP".

I look forward to working with you on this case. Feel free to call me at 203 975 7678 if you have any questions.

Sincerely,

Mark S. Nowotarski Reg. No. 47,828

Agent of Record

30 Glen Terrace, Stamford, CT 06906 tel 203.975.7678 fax 203.973.0010 mnowotarski@marketsandpatents.com

Luvo

Mark Nowotarski

SEP 2 7 2005

p.2

PTO/SB/81 (*1.24)

Approved for use through 11/30/2005 OMB 0551-2005
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	09/717189
Filing Date	11/21/2000
First Named Inventor	Wolzenski et al.
Title	Process for Comprehensive Financial and Estate Planning
Art Unit	3628
Examiner Name	Clement B. Graham
Attorney Docket Number	(old) GNA 1804.1 (new) FSA090905USNP

I hereby revoke	all previ	ous powers	of attorney	given in t	the above	-ident	tified apolica	tion.	
I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint:									
Practitioners associated with the Customer Number:									
OR								_	
x Practitioner	(s) named	below:							
	Name				Registration Number				
Mark S. No	Mark S. Nowotarski			47.828					
			·····						
as my/our attorney Trademark Office of	(s) or age connected	nt(s) to prosecu therewith.	te the applic	ation identif	ied above.	and to	transact all bus	iness in 1	the United States Patent and
Please recognize or	change th	ne corresponde	nce address	for the above	ve-identifie	d applic	cation to:		
The address a	ssociated	with the above	-mentioned	Customer N	lumber:				
OR									
The address a	ssociated	with Customer	Number:						
OR	***								
Firm or Individual Name Markets, Patents & Alliances LLC									
Address 30 Glen Terrace									
City		Stamford				State	СТ	Zip	06906
Country		us							
Telephone		203 975 7678				Fax	203 973 0010		
I am the: X Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Single 12 20 20 20 20 20 20 20 20 20 20 20 20 20									
Name		Talanhaa			314 44				
Title and Company President, Actuarial Collaboration Inc.									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below:									
x *Total o*2 forms are submitted									

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to come etc. including gathering, preparing, and submitting the completes application form to the USPTO. Time will vary depending upon the individual case. Any committees on the amount of time you require to complete his form and or suggestions for reducing this burden, should be sent to the Chief Internation Officer, 9.5. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS 400RESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450.

If you need assistance in completing the form call 1-800-PTO-9199 and select option 2.

RECEIVED **CENTRAL FAX CENTER**

SEP 2 7 2005

203 973 0010

p.3

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	09/717189
Filing Date	11/21/2000
First Named Inventor	Wolzenski et al.
Title	Process for Comprehensive Financial and Estate Planning
Art Unit	3628
Examiner Name	Clement B. Graham
Attorney Docket Number	(old) GNA 1804.1 (new) FSA090906USNP

I hereby revoke all previous powers of attorney given in the above-identified application.					
hereby appoint:					
Practitioners associated with the Customer Number:					
OR					
x Practitioner(s) named below:					
Name	Registration Number				
Mark S. Nowotarski	47,828				
as my/our attorney(s) or agent(s) to prosecute the application ident Trademark Office connected therewith.	tified above, and to transact all business in the United States Patent and				
Please recognize or change the correspondence address for the ab	ove-identified application to:				
The address associated with the above-mentioned Customer					
OR					
The address associated with Customer Number:					
OR					
X Firm or Individual Name Markets, Patents & Alliances LLC					
Address 30 Glen Terrage					
City Stamford	State CT Zip 05908				
Country US					
Telsphone 203 975 7678	Fax 203 973 0010				
Jam the:					
X Applicant/Inventor					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Signature Jack Closeman fr 19-27-05					
Name Jack J. Desemer J.	Telephone 225 789 9009				
Title and Company Future System Adivsors LLC					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
X *Total of forms are submitted.					

Tris collection of Information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.17 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.